



APPLICATION FOR APPROVAL OF LIFEGUARD QUALIFICATIONS

Nassau County Department of Health

Lifeguard Certification

106 Charles Lindbergh Blvd., Uniondale, N.Y. 11553

Phone # (516) 227-9678

Last Name (Print)	First Name	Initial
No.	Street	
Town	State	Zip Code
Date of Birth / /	Sex	Phone#

Physician(s) information and signatures MUST be completed in both sections of the application.

EYE EXAMINATION (To be completed by physician, ophthalmologist or optometrist)

Enter best vision test score (SNELLEN) with and without corrective lenses. Please enter numerical score only.

UNCORRECTED		CORRECTED		Is it necessary for applicant to wear corrective lenses to achieve a minimum Snellen score of 20/40 in one eye? <input type="checkbox"/> Yes <input type="checkbox"/> No
R	L	R	L	

Physician's Name:		Print	Signature
Address:			
Phone #:	License No.:		Date of Exam:

MEDICAL EXAMINATION

Item	Normal	Abnormal	Additional Remarks by Physician
Head			
Eyes/Nose/Throat			
Thorax/Chest/Pulmonary			
Cardiovascular			
Abdomen/Hernia			
Extremities			
Skin			
Other Defects			

HEARING STANDARDS
Hearing loss in either ear does not exceed 25db between 500 and 2000Hz, 40db at 3000 and 45db at 4000 Hz without correction
☐ PASS ☐ FAIL

On the basis of your examination, do you recommend that this applicant be considered for a position of a lifeguard? ☐ YES ☐ NO

Physician's Name:		Print	Signature
Address:			
Phone #:	License No.:		Date of Exam:

FALSIFICATION OF ANY PART OF THIS APPLICATION WILL AUTOMATICALLY RESULT IN REVOCATION OF ANY LIFEGUARD CERTIFICATION ALREADY HELD AND /OR A TWO-YEAR SUSPENSION FROM TAKING A LIFEGUARD TEST IN ANY GRADE.

Signature of Applicant:	Date:
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